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Substitute for form 1449/PTO				Complete if Known		
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INFO	ORMATION	DIS	CLOSURE	Filing Date	1/18/2001	
STATEMENT BY APPLICANT				First Named Inventor	Jeff S. Eder	
	(Use as many she	ets as n	ecessarv)	Art Unit	3695	
	(Ose as many sne	cto do m	occoouty)	Examiner Name	Siegfried Chencinski	
Sheet		of		Attorney Docket Number	AR - 16	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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I Signature / Jiegineu Chencinski/ Considered 10/02/2011	Examiner Signature	/Siegfried Chencinski/	Date Considered	10/02/2011
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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